



1700 UPS Drive  
Louisville, KY  
(502) 451-2205  
HighlandDentalLabKY@gmail.com  
highlanddentallab.org | KY Lab #0175

DATE \_\_\_\_\_ DUE DATE \_\_\_\_\_

DOCTOR / PRACTICE \_\_\_\_\_

PATIENT \_\_\_\_\_

TOOTH / ARCH \_\_\_\_\_ SHADE \_\_\_\_\_

#### PRESCRIBED RESTORATION / APPLIANCE

- |                                                                                                |                                                                      |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Zirconia crown                                                        | <input type="checkbox"/> Lithium disilicate (e.max)                  |
| <input type="checkbox"/> High strength                                                         | <input type="checkbox"/> PFM crown                                   |
| <input type="checkbox"/> High translucency                                                     | <input type="checkbox"/> Full cast crown                             |
| <input type="checkbox"/> Implant restoration                                                   | <input type="checkbox"/> Custom abutment                             |
| <input type="checkbox"/> Bite guard / splint                                                   | <input type="checkbox"/> All-on-X                                    |
| <input type="checkbox"/> Hard <input type="checkbox"/> Soft <input type="checkbox"/> Hard/soft | <input type="checkbox"/> Full denture                                |
| <input type="checkbox"/> Acrylic RPD                                                           | <input type="checkbox"/> Wax rim                                     |
| <input type="checkbox"/> Flexible RPD                                                          | <input type="checkbox"/> Wax try-in <input type="checkbox"/> Process |
| <input type="checkbox"/> Clear retainer                                                        | <input type="checkbox"/> Hawley retainer                             |
| <input type="checkbox"/> Other: _____                                                          |                                                                      |

#### DESIGN / MATERIAL / SPECIAL INSTRUCTIONS

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DOCTOR SIGNATURE \_\_\_\_\_

LICENSE # \_\_\_\_\_ PHONE \_\_\_\_\_

Dental work authorization



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